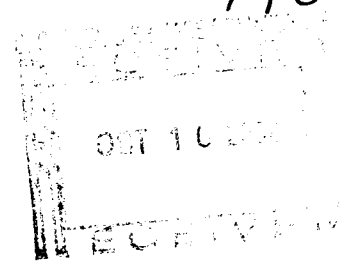




195479
195480
195481



2006-222-C
2006-223-C
2000-520-C

October 1, 2008

C. Dukes Scott
Executive Director
SC Office of Regulatory Staff
1401 Main Street, Suite 900
Columbia, SC 29201

CONFIDENTIAL

Charles Terreni
Chief Clerk and Administrator
SC Public Service Commission
Saluda Building, 101 Executive Center Dr.
Columbia, SC 29210

Re: Quality of Service Reports for **Hargray Telephone Co., Inc.**; **Bluffton Telephone Co., Inc.**; and **Hargray, Inc.** for the quarter ended 09/30/08.

Dear Sirs:

Please find the enclosed Quality of Service Reports for the companies outlined above. We request that this information be kept confidential and not available for public inspection.

Should you have any questions or concerns regarding the enclosed, please contact me directly at (843) 815-1906.

Sincerely,

Cissy Zareva
Regulatory Assistant

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ILEC QUARTERLY SERVICE QUALITY REPORT

SOUTH CAROLINA REGULATED OPERATIONS

COMPANY NAME BLUFFTON TELEPHONE COMPANY

QUARTER / YEAR Q3 / 2008

Reporting Month	<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>
Number of Customer Access Lines Provided:			
via Resale	<u>~</u>	<u>~</u>	<u>~</u>
via UNE-P	<u>~</u>	<u>~</u>	<u>~</u>
via Other Methods	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
Total Line Count	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Trouble Reports / Access Line (%)</u> Objective: <7%	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Customer Out of Service Clearing Times(%)</u> (Objective: > 85% w/in 24 hrs)	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>New Installs Completed w/in 5 Days(%)</u> (Objective: > 85% w/in 5 working days)	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>
<u>Commitments Fulfilled(%)</u> Objective: >85%	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

Explanation for Objectives Not Met _____

Does your company use its own switching facilities
to provide services within South Carolina?

YES ☒ NO ☐

Person Making Report / Contact Information:

[Signature] R. Braggs



















PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

ILEC QUARTERLY SERVICE QUALITY REPORT

SOUTH CAROLINA REGULATED OPERATIONS

COMPANY NAME HARGRAY TELEPHONE COMPANY

QUARTER / YEAR Q3 / 2008

Reporting Month	JULY	AUGUST	SEPTEMBER
Number of Customer Access Lines Provided:			
via Resale	~	~	~
via UNE-P	~	~	~
via Other Methods			
Total Line Count			
<u>Trouble Reports / Access Line (%)</u> Objective: <7%			
<u>Customer Out of Service Clearing Times(%)</u> (Objective: > 85% w/in 24 hrs)			
<u>New Installs Completed w/in 5 Days(%)</u> (Objective: > 85% w/in 5 working days)			
<u>Commitments Fulfilled(%)</u> Objective: >85%			 %

Explanation for Objectives Not Met _____

Does your company use its own switching facilities
to provide services within South Carolina?

YES ☒

NO ☐

Person Making Report / Contact Information:

 R. Drake

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

CLEC QUARTERLY SERVICE QUALITY REPORT

SOUTH CAROLINA REGULATED OPERATIONS

COMPANY NAME HARGRAY, INC.

QUARTER / YEAR Q3 / 2008

Reporting Month	JULY	AUGUST	SEPTEMBER
Number of Customer Access Lines Provided:			
via Resale	~	~	~
via UNE-P	~	~	~
via Other Methods	[REDACTED]	[REDACTED]	[REDACTED]
Total Line Count	[REDACTED]	[REDACTED]	[REDACTED]
<u>Trouble Reports / Access Line (%)</u> Objective: <7%	[REDACTED]	[REDACTED]	[REDACTED]
<u>Customer Out of Service Clearing Times(%)</u> (Objective: > 85% w/in 24 hrs)	[REDACTED]	[REDACTED]	[REDACTED]
<u>New Installs Completed w/in 5 Days(%)</u> (Objective: > 85% w/in 5 working days)	[REDACTED]	[REDACTED]	[REDACTED]
<u>Commitments Fulfilled(%)</u> Objective: >85%	[REDACTED]	[REDACTED]	[REDACTED]

Explanation for Objectives Not Met

Does your company use its own switching facilities
to provide services within South Carolina?

YES ☒

NO ☐

Person Making Report / Contact Information:

[Handwritten Signature]